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LITHOGRAPHY METHOD

Appl. No. : 10/605,968 Confirmation No. 2967
Applicant : Chin-Lung Lin,
 Chuen Huei Yang,
 Ming-Jui Chen,
 Venson Lee
Filed : November 10, 2003
TC/A.U. : 1756
Examiner : CHACKO DAVIS, DABORAH
Docket No. : NAUP0543USA
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

**ESTABLISHING COMMON OWNERSHIP OF PRESENT INVENTION AND
REFERENCE**

5

As the agent of record for the instant application, I hereby declare that the instant application, U.S. Publication No. 2004/0229131 A1 (now U.S. Patent 7,008,732), and U.S. Publication No. 2004/0013948 A1 were, at the time that the invention of the instant application was made, owned by United Microelectronics Corp. According to 10 35 U.S.C 103(c), in light of this common ownership, and the fact that the instant application was filed after November 29, 1999, U.S. Publication No. 2004/0229131 A1 and U.S. Publication No. 2004/0013948 A1 each are disqualified from serving as a reference in a 35 U.S.C. 103(a)/102(e) rejection.

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PTC/SB/21 (07-06)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/605,988
Filing Date	11/10/2003
First Named Inventor	Chin-Lung Lin
Art Unit	1758
Examiner Name	CHACKO DAVIS, DABORAH

23

Attorney Docket Number

NAUP0543USA

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	I. ESTABLISHING COMMON OWNERSHIP OF PRESENT INVENTION AND REFERENCES
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	6/13/2007	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

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Signature *Stephanie Lai*

Typed or printed name *Stephanie Lai* Date 6/13/2007

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PTO/SB/17 (02-07)

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<p style="margin: 0;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4810).</p> <p style="margin: 0; font-size: 1.2em; font-weight: bold;">FEE TRANSMITTAL For FY 2007</p> <p style="margin: 0;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p style="margin: 0; font-weight: bold;">TOTAL AMOUNT OF PAYMENT (\$)</p> <p style="margin: 0;">\$ 0.00</p>		<p style="margin: 0; font-weight: bold; color: #000080;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/605,968</td> </tr> <tr> <td>Filing Date</td> <td>11/10/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Chin-Lung Lin</td> </tr> <tr> <td>Examiner Name</td> <td>CHACKO DAVIS, DABORAH</td> </tr> <tr> <td>Art Unit</td> <td>1756</td> </tr> <tr> <td>Attorney Docket No.</td> <td>NAUP0543USA</td> </tr> </table>	Application Number	10/605,968	Filing Date	11/10/2003	First Named Inventor	Chin-Lung Lin	Examiner Name	CHACKO DAVIS, DABORAH	Art Unit	1756	Attorney Docket No.	NAUP0543USA
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<p style="margin: 0; font-weight: bold;">METHOD OF PAYMENT (check all that apply)</p> <p style="margin: 0;"><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-3105</u> Deposit Account Name <u>North America Intellectual Property Corporation</u></p> <p style="margin: 0;">For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p style="margin: 0;"><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments</p>	
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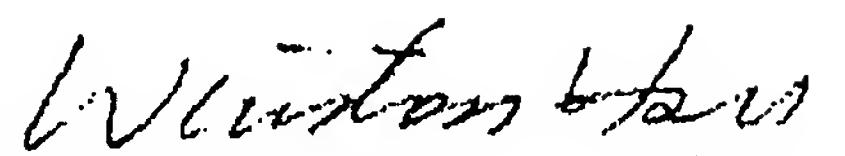
<p style="margin: 0; font-weight: bold;">FEE CALCULATION</p> <p style="margin: 0; font-weight: bold;">1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Application Type</th> <th colspan="2" style="width: 20%;">FILING FEES</th> <th colspan="2" style="width: 20%;">SEARCH FEES</th> <th colspan="2" style="width: 20%;">EXAMINATION FEES</th> <th rowspan="2" style="width: 20%; text-align: center;">Fees Paid (\$)</th> </tr> <tr> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Small Entity</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Small Entity</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table> <p style="margin: 0; font-weight: bold;">2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Fee Description</th> <th colspan="2" style="width: 20%;">Small Entity</th> <th rowspan="2" style="width: 20%; text-align: center;">Fee (\$)</th> </tr> <tr> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> <td>_____</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> <td>_____</td> </tr> </tbody> </table> <p style="margin: 0; font-weight: bold;">3. APPLICATION SIZE FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Total Claims</th> <th colspan="2" style="width: 20%;">Extra Claims</th> <th colspan="2" style="width: 20%;">Fee Paid (\$)</th> <th rowspan="2" style="width: 20%; text-align: center;">Multiple Dependent Claims</th> </tr> <tr> <th style="width: 10%;">Extra Claims</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee Paid (\$)</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>X</td> <td>=</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>HP = highest number of total claims paid for, if greater than 20.</td> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> <tr> <th rowspan="2" style="width: 20%;">Indep. Claims</th> <th colspan="2" style="width: 20%;">Extra Claims</th> <th colspan="2" style="width: 20%;">Fee Paid (\$)</th> <th rowspan="2" style="width: 20%; text-align: center;">Fee (\$)</th> </tr> <tr> <th style="width: 10%;">Extra Claims</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee Paid (\$)</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee Paid (\$)</th> </tr> <tr> <td>- 3 or HP =</td> <td>X</td> <td>=</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>HP = highest number of independent claims paid for, if greater than 3.</td> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> </tbody> </table> <p style="margin: 0; font-weight: bold;">4. OTHER FEE(S)</p> <p style="margin: 0;">Non-English Specification, \$130 fee (no small entity discount)</p> <p style="margin: 0;">Other (e.g., late filing surcharge): _____</p>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____	Fee Description	Small Entity		Fee (\$)	Fee (\$)	Fee (\$)	Each claim over 20 (including Reissues)	50	25	_____	Each independent claim over 3 (including Reissues)	200	100	_____	Multiple dependent claims	360	180	_____	Total Claims	Extra Claims		Fee Paid (\$)		Multiple Dependent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	- 20 or HP =	X	=			_____	HP = highest number of total claims paid for, if greater than 20.					_____	Indep. Claims	Extra Claims		Fee Paid (\$)		Fee (\$)	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	- 3 or HP =	X	=			_____	HP = highest number of independent claims paid for, if greater than 3.					_____
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<p style="margin: 0; font-weight: bold;">SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Signature</td> <td style="width: 25%;"><i>Winston Hsu</i></td> <td style="width: 25%;">Registration No. 41,526</td> <td style="width: 25%;">Telephone 3027291562</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Winston Hsu</td> </tr> </table>				Signature	<i>Winston Hsu</i>	Registration No. 41,526	Telephone 3027291562	Name (Print/Type)	Winston Hsu		
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Sincerely yours,



Date: 06.13.2007

5 Winston Hsu, Patent Agent No. 41,526
P.O. BOX 506, Merrifield, VA 22116, U.S.A.
Voice Mail: 302-729-1562
Facsimile: 806-498-6673
e-mail : winstonhsu@naipo.com

10

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15

20